FILED
Mar 22, 2004 8:00 am
Secretary of State
03-05-2004 90010 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000066777

1. Entity Name
#1 SUN LAWN CARE SERVICES, INC.

66407152

Principal Place of Business	Mailing Address
1401 CRICKET CLUB CIRCLE #107 ORLANDO, FL 32828	1401 CRICKET CLUB CIRCLE #107 ORLANDO, FL 32828

CHANGE TO:

2. Principal Place of Business: 1920 WIREGRASS CT		3. Mailing Address: 1920 WIREGRASS CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32826	Country: ORANGE	Zip: 32826	Country

02282004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-2273656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIRREFFS, MICHAEL S ~~1401 CRICKET CLUB CIRCLE #107~~ 1920 WIREGRASS CT ORLANDO, FL ~~32828~~ 32826 Change Address	Name Street Address (P.O. Box Number is Not Acceptable): 1920 WIRE GRASS COURT City: ORLANDO FL Zip Code: 32826

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] 02/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2004 Fee will be $550.00~~

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRREFFS, MICHAEL S 1401 CRICKET CLUB CIRCLE #107 ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRREFFS, MICHAEL S 1920 WIRE GRASS CT. ORLANDO FL 32826 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 02/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #